PTO/SB/51 (07-03)

P10/SB/51 (07-03)
Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Docket Number (Optional)

REISSUE APPLICATION DECLARATION BY THE INVENTOR

E040-1010RE (38864.0009.7)

I hereby declare that:  Each inventor's residence, mailing address and citizenship are stated below next to their name.  I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claim in patent number 6289635 B1 granted 9-18-01 and for which reissue patent is sought on the invention entitled CONTINUOUS HANDICAP THRESHOLD ASSEMBLY WITH  DUAL DAMS AND SELECTIVELY POSITIONABLE SIDELIGHT CAP	ed 3						
is attached hereto.							
was filed on 9-18-2003 as reissue application number 10/667,243							
and was amended on $\frac{9-18-2003}{\text{(If applicable)}}$							
I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any							
amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.							
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)							
by reason of a defective specification or drawing.							
by reason of the patentee claiming more or less than he had the right to claim in the patent.							
by reason of other errors.							
At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:							
Applicants intend to submit, and hereby are submitting, broadening claim amendments during this reissue proceeding. All errors being corrected in the reissue application arose without any deceptive intention on the part of the applicants. At least one error upon which this reissue application is based concerns the Applicants claiming less than they had the right to claim. For example, issued claim I contains the unnecessary limitation that the interior sill is "sloping downwardly." Although the specification discloses a preferred embodiment that contains an interior sill that slopes downwardly, nothing in the original patent specification requires this limitation in the invention as claimed. Nothing in the original patent specification indicates an intent not to claim the subject matter of the amended claim presented in the reissue application. There also are additional embodiments disclosed in the specification that were not claimed in the issued claims, and that may be the subject of amendments in this reissue proceeding.							

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This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.							
	wer of attorney, use form PTO/SB/81.	.,			срр.	_	
Carrespondence Add	ress: Direct all communications about the	e applica	tion to:				
X Customer Numbe	r. 26158						
OR							
Firm or Individual Name	Jack B. Hicks, Esq.						
Address	Womble Carlyle Sandridge	& Ric	e. PLL	c			
Address	P.O. Box 7037				<del></del>		
City	Atlanta		State GA			Zip	30357
Country	USA						
Telephone	Telephone 336-574-8050			., 336-574-4513			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.							
Full name of sole or fin	st inventor (given name, family name)	Brad I	Proct	-OD		•	
Inventor's algnature	Inventors elimature Support Date 24/04						
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Righ Point. Full name of second jo	int inventor (given name, family name)						<del></del>
Inventor's signature	Victor T. Massey					~*	
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Greensboro	NC 27405						
Full name of third joint inventor (given name, family name)  John E. Staskiewicz							
Inventor's signature		Date					
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Additional joint inventors or legal representativo(s) are named on seperately numbered sheets forms PTO/SB/02A or 02LR attached hereto.							
[Page 2 of 2]							

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)				Docket Number (Optional) E040-101 ORE				
All errors corrected in	this reissue application arose without any	y decepti	ive intentio	in on the part o	f the appli	cent.		
Note: To appoint a por	war of attorney use form PTO/SB/81							
Correspondence Addr	Correspondence Address: Direct all communications about the application to:							
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I hereby declare that a	all statements made herein of my own kn	naviedo	are true			made o	n :nformation	
and belief are believe statements and the like false statements may	ed to be true; and further that these sees made are punishable by fine and impose peopardize the validity of the applications.	statemer	nts wore i	made with the h, under 18 U.S	knowled S.C. 1001,	ige that and the	t willful false : at such willful	
declaration is directed. Full name of sole or fin	st inventor (given name, family name)							
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inventor's signature		Date						
Residence 420 Edgedale Drive			Citizenship USA					
Mailing Address	NO 07046							
Full name of second jo	int inventor (given name, family name)	inter	T Mas	200				
tricentor's signature		Date	1. 1					
T T T T T T T T T T T T T T T T T T T	son_	1/	29/2	2004				
Residence		Citizen	ship US	631	CAMI	TEN	PLACE	
Mailing Address	The state of the s	<del></del>		A				
-Creensboro			( 71'	WINS	TONE	HEY	127103	
	inventor (given name, family name)	oha E	. Stask	device				
Inventor's signature		Date						
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Mailing Address Atlanta, GA 30340								
Additional joint inventors or legal representative(s) are named on separatify numbered sharete forms PYO/SBRIZA or 021/4 etteched hareto.								

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)				Docket Number (Optional) E040-1010RE			
All errors corrected in	this reissue application arose without any	y decapli	ve intentic	) o triaq entino no	I the appil	cant.	
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OR					_		
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Address	Womble Carlyle Sandridge	4 Ric	e, PLL	c			
Address	P.O. Box 7037			<del></del>	<del></del>		
City	Atlanta		State GA			ŻΙp	30357
Country	USA						
Telephone	336-574-8050		Fex	: 336–574	-4513		
I heraby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may peoperdize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.							
Full name of sole or fire	at inventor (given name, family name)	T	Proof				
Inventor's signature	<i>B</i>	Date	, Proct	on			
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Mailing Address High Point.							
	int inventor (given name, temlly name)	Vetor	T Mac				
Victor T. Massey Inventor's signature  Date							
Residence Citizenahip 5522 D. West Markey Street USA							
Mailing Address							
Greensboro, NC 27405  Full name of third joint loventor (given name, family name)  John E. Staskiewicz							
Inventor's signature							
	Reaction of Chizagonip (3943 Pleasant Shade Drive USA						
Mailing Address Atlanta, GA . 30340							
Additional joint inventors or tegal representative(s) are named on separately numbered shoets forms PTO/SB/02A or D2LR attached hereto.							

[Page 2 of 2]